



## DANIELLE NICOLE JONES-MONTALVO

License Number: PA9105947

Data As Of 4/28/2026

Profession	Physician Assistant
License	PA9105947
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	03/24/2011
Address of Record	1055 SAXON BLVD ORANGE CITY, FL 32763
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

113 North Orlando Avenue Guide Well Emergency Doctors  
WINTER PARK, FL 32789

#### Address

1055 SAXON BLVD. FLORIDA HOSPITAL FISH MEMORIAL  
ORANGE CITY, FL 32763

#### Address

701 W. PLYMOUTH FLORIDA HOSPITAL DELAND  
DELAND, FL 32720

#### Address

3108 Howland Blvd  
DELAND, FL 32720

#### Address

301 Memorial Medical Parkway AdventHealth Health Daytona Beach  
DAYTONA BEACH, FL 32117

#### Address

701 W Plymouth Avenue  
DELAND, FL 32720

#### Address

3120 Howland Blvd Advent Health Deltona  
DELTONA, FL 32725

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

No Discipline Found

#### Public Complaints

No Public Complaint Found

contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:

Division of Medical Quality Assurance  
Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
RODRIGUEZ, ZUHEILY CHRISTINE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	124014	12/01/2025

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## Secondary Locations

### Address

113 North Orlando Avenue Guide Well Emergency Doctors  
WINTER PARK, FL 32789

### Address

1055 SAXON BLVD. FLORIDA HOSPITAL FISH MEMORIAL  
ORANGE CITY, FL 32763

### Address

701 W. PLYMOUTH FLORIDA HOSPITAL DELAND  
DELAND, FL 32720

### Address

3108 Howland Blvd  
DELAND, FL 32720

### Address

301 Memorial Medical Parkway AdventHealth Health Daytona Beach  
DAYTONA BEACH, FL 32117

### Address

701 W Plymouth Avenue  
DELAND, FL 32720

### Address

3120 Howland Blvd Advent Health Deltona  
DELTONA, FL 32725

## Discipline/Admin Action

### Emergency Actions

No Emergency Actions Found

### Discipline Cases

No Discipline Found

### Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

## Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:  
Division of Medical Quality Assurance  
Public Records  
4052 Bald Cypress Way, Bin C01  
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
RODRIGUEZ, ZUHEILY CHRISTINE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	124014	12/01/2025

Click on the License Number to view License Details for that Practitioner

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.